

SUBSTANCE MISUSE OPTION LECTURE 11

TREATMENT FOR SUBSTANCE MISUSE PROBLEMS IN THE COMMUNITY, PART I

COMMUNITY TREATMENT

- "A new treatment regime for heroin addiction has been established recently in Yekaterinburg, Russia. In reaction to the perceived failure of the Sverdlovsk Narcological Hospital, the local anti-drugs programme has been forcibly usurped by Uralmarsh, a syndicate of gangsters, which had previously concentrated successfully on crime. Supply reduction is now implemented energetically by abducting and beating up dealers. Their treatment philosophy is equally straightforward: 'Our concept is that a drug addict is a wild beast, an animal, who cannot be treated with pity.'"

COMMUNITY TREATMENT

- "They have set up a hotline for relatives, and established a treatment centre in an abandoned rest home twenty miles outside the town. Parents are promised that their children will be kept chained until they are free of drugs. New patients have their hands manacled to radiators above their heads for the first week, except when they eat or relieve themselves. The second week they are allowed short walks. During the third, if all goes well, they are handcuffed only at night. The centre is largely managed by ex-addicts, who often administer violent punishment for non-compliance or attempts to escape."

COMMUNITY TREATMENT

- "The programme lasts for about thirty days. Local parents are enthusiastic and queue up to have their addicted children admitted. Many parents are also appreciative. 'There is no other way,' says twenty-four-year-old Dima Gorsky, one of the first to complete the programme. 'The only thing that worked for me was handcuffs. I feel great, better than ever.'"
 - An official version of this used to exist in the US between 1927-1944 – the 'drug farms'.
 - "Drugs were generally withdrawn by the 'iron man treatment', in other words abruptly. The regime that followed was organised around physical labour and usually lasted six to nine months."
- Quotes from "Heroin Century", interesting book by Tom Carnwath and Ian Smith (well worth a read)



THAILAND'S "TREATMENT" OF SUBSTANCE MISUSE

- "...more than 1,100 people killed during the first month of the government's intensified campaign against the drugs trade. The deaths have prompted so many awkward questions from American and European Union diplomats that the interior ministry stopped updating the death toll last week."
- "Most of the victims have been suspected drug dealers, and senior police officers and politicians have blamed the slaughter on inter-gang assassinations. The police, they say, have killed only 31 people, and those in self-defence."
- "But the Thai public, as well as local and international human rights groups, are convinced that the police are operating a shoot-to-kill policy. The shootings have mainly been carried out execution-style, at point-blank range, at or near the victims' homes."

THAILAND'S "TREATMENT" OF SUBSTANCE MISUSE

- "Surasee Kosolnavin, a former chief public prosecutor in Thailand and a member of the National Human Rights Commission, believes that the killing may accelerate. He claims that a cabinet minister had proclaimed that it would be "no problem" if 5,000 of the estimated 50,000 dealers were to die. "That may well be the idea, to get to 5,000. The killing will go on every day," he said.
- A deadline of April 30 has been set by the prime minister, Thaksin Shinawatra, for illegal drugs to have been removed from "every square inch" of Thai soil. Provincial governors and police chiefs have been told to "reduce" the number of dealers by 50 per cent by that date. So far 18,618, or 42 per cent of the target number, have been arrested."

THAILAND'S "TREATMENT" OF SUBSTANCE MISUSE

- "Local authorities have been ordered to draw up blacklists of suspected dealers, their families and anyone who has attended a government drugs rehab course. Relatives have complained that a number of victims were shot on their way back from rehab sessions. Critics of the policy also suggest that hundreds of innocent people have been added to the lists by political or business opponents, and that threats to move senior police officers and officials sideways if they fail to meet quotas has created a trigger-happy force.
- Judges, lawyers, academics, opposition politicians and the country's leading forensic scientist have blamed the police for the massacre, to no avail. The prime minister, Mr Thaksin, said: "Murder is not an unusual fate for wicked people and the public should not be alarmed by their deaths."

THAILAND'S "TREATMENT" OF SUBSTANCE MISUSE

- "Thailand's drugs problem is desperately serious. The Narcotics Control Board estimates that three million of the 60 million population regularly use the stimulant methamphetamine. Public education and "just say no" campaigns have proved impotent and usage has spread to the middle classes."

Taken from the article, "Awkward questions for Thailand over deaths in drug crackdown", which appeared in the Daily Telegraph (UK) of 09/03/03

HARM RELATED TO SUBSTANCE MISUSE

- If drugs caused no harm, there would be no need for treatment services.
- However, drug and alcohol misuse is associated with harm to individuals, their families and the community as a whole.
- Whilst the majority of people who try drugs and alcohol do not go on to develop a problem, a substantial minority do so.
- There is no way to predict which people will move from experimentation to problem drug use.

PROBLEM DRUG TAKING

In 1982, the UK's Advisory Council on the Misuse of Drugs (ACMD) defined a problem drug taker as:

- "Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and dependence, as a consequence of his or her use of drugs or other chemical substances."

HARM FROM DRUG MISUSE

- In the "Report of an Independent Review of Drug Treatment Services in England (1996)" various forms of harm were described.
- This report was written by a Task Force with the remit to review services for drug misusers.
- In this report, the authors refer to the NTORS (National Treatment Outcome Research Study), a longitudinal study tracking more than 1,000 drug misusers over 18 months (at the time), regardless of whether they remain in treatment.
- These people were studied for a longer time, but the results described here refer to the 18 month time point.

PHYSICAL AND PSYCHOLOGICAL HARM

- Possibility of misuse leading to drug dependence or addiction
- Higher risk of premature death
 - ↳ There were 1,200 drug-related deaths in England and Wales in 1992.
 - ↳ About 1.5% of opioid drug misusers die prematurely each year - a rate 15 times higher than for people who do not misuse drugs.

PHYSICAL AND PSYCHOLOGICAL HARM

- Possibility of misuse leading to drug addiction
- Higher risk of premature death
- Risk of acquiring blood-borne viruses
 - ↳ Hepatitis B and C, and HIV, can be contracted via sharing of injecting equipment and unsafe sex.
 - ↳ These viruses can be transmitted to others.

PHYSICAL AND PSYCHOLOGICAL HARM

- Possibility of misuse leading to drug addiction
- Higher risk of premature death
- Risk of acquiring blood-borne viruses
- Other physical health problems
 - ↳ overdose respiratory failure
 - ↳ deep vein thrombosis serious infections
 - ↳ This high morbidity was reflected in the NTORS study where 54% of the cohort had used A&E departments in the two years before starting treatment.

PHYSICAL AND PSYCHOLOGICAL HARM

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PHYSICAL AND PSYCHOLOGICAL HARM

- Possibility of misuse leading to drug addiction
- Higher risk of premature death
- Risk of acquiring blood-borne viruses
- Other physical health problems
- Possible obstetric complications among pregnant drug users
- Psychological and psychiatric problems

PSYCHOLOGICAL AND PSYCHIATRIC PROBLEMS

- psychotic symptoms
- depressive symptoms
- anxiety and panic disorder
- organic brain syndrome (confusion, disorientation, and decreased intellectual functioning)
- the NTORS cohort on entry to treatment reported moderate or severe distress, and more than 10% were "extremely troubled" with thoughts of suicide.

SOCIAL FUNCTIONING AND LIFE CONTEXT

- Problems for families (partners, children, parents, etc) and friends of misusers .
- Many problem drug users are unemployed (nearly 75% of the NTORS sample were 'mostly unemployed' in the two years before treatment).
- Many problem drug users suffer health problems which impact on employers and other staff, and on society as a whole.
- Some problem drug users engage in criminal activity to fund their habit.

CRIMINAL ACTIVITY

- The 1,110 people in the NTORS cohort had committed over 70,000 separate crimes in the three months before entry to treatment (it should be noted that these crimes were committed by a small proportion of the sample).
- In the two years prior to entering treatment, the costs to the criminal justice system of just dealing with these offenders to the point of decision by the courts was itself estimated at £4 million.
- The crime committed by the individuals in NTORS was estimated to have cost their victims £34 million in the two years before entry to treatment.

ALCOHOL-RELATED PROBLEMS

- As we have seen in an earlier lecture, alcohol - the nation's favourite drug – causes significant harm.
- Alcohol is considered to cause more health related problems than tobacco or illicit drugs.
- In the U.K., alcohol misuse is associated with approximately 33,000 deaths annually.
- In Great Britain, approximately 15-30% of male and 8-15% of female admissions to general hospitals in urban areas have alcohol-related problems.
- The life time risk of suicide in "alcoholism" is thought to be 3-4%, which is 60-120 times greater than that of the general population.

ALCOHOL-RELATED PROBLEMS

- Heavy alcohol consumption causes damage to the body by many direct and indirect effects.
- A variety of physical problems occur, including liver disease, pancreatitis, cardiovascular problems, cancers, respiratory disorders, osteoporosis, alcoholic cerebellar degeneration, seizures, etc.
- The effects on the psychological state include depression, anxiety, apathy, loneliness, Korsakoff syndrome, dementia.
- Social complications include family problems, problems at work, financial difficulties, loss of friends and social circle, homelessness and vagrancy, crime, etc.

THE CASE FOR TREATMENT

In the "Report of an Independent Review of Drug Treatment Services in England (1996)" it is stated:

- "Although substance misuse starts as a matter of individual choice, drug misusers should have their rights and needs taken as seriously as any group who receive health or social care. They should be able to seek and receive help in the same way as other people whose choices (e.g. to smoke tobacco or to pursue dangerous sports) have played a part in their illness."

THE CASE FOR TREATMENT

- "This is recognised in the policy, recently reiterated by the General Medical Council (GMC), that doctors should give priority to treatment of patients solely on the basis of clinical need. The GMC states:
- "It is unethical for a doctor to withhold treatment from any patients on the basis of a moral judgement that the patient's activities or lifestyle might have contributed to the condition for which treatment was being sought."

WHY DRUG MISUSERS SEEK HELP

The Task Force refer to a study which identified the most commonly cited problems which led to misusers seeking help as:

- Psychological dependence (61%)
- General physical health (34%)
- Financial (29%)
- Relationships with family and friends (29%)

Other reasons may include encouragement from outreach workers, the expectation of access to prescribed drugs, and compulsion or coercion through the criminal justice system. A particular motivation for women is to seek help for domestic violence.

WHAT DOES TREATMENT INVOLVE?

- The different stages substance misusers pass through are illustrated in the model of individual change set out by Prochaska and Di Clemente in 1983, which has become influential in the drug treatment field. We will look at the model in more detail in a future lecture:
- "pre-contemplation", before the user has considered stopping
- "contemplation", when person thinks about it
- "preparation", decision to stop occurs and efforts to prepare to stop are made
- "action", specific steps taken to reduce use
- "maintenance", non-using behaviour consolidated.

WHAT DOES TREATMENT INVOLVE?

- Person may move forward through these states of change, but may also move backwards.
- They may make a decision to stop taking drugs and actually achieve abstinence for a period of time.
- However, they may then relapse and at a later stage try to stop taking drugs again.
- It is not unusual for a person to relapse on a number of occasions before permanent abstinence is achieved.
- It has been argued that staying stopped is much harder than stopping.
- Treatment agencies need to take this into consideration when helping their clients .

HARM MINIMISATION

- Some people may not want to, or feel able to, give up drugs completely.
- They might just want to reduce the harm that drugs can cause, e.g. they might change from injecting heroin to smoking it.
- Harm minimisation (or harm reduction) is a model of working that has been associated with drug use since the mid -1980s.
- It was a response to the need to try to minimise the harm caused by injecting drug use at the beginning of the HIV epidemic.

HARM MINIMISATION

- The harm minimisation model recognises that people will continue to use drugs despite the risks and sometime prohibition, and works on the principle that some of the risks of drug use can be reduced and minimised.
- Prevention measures and education are important but if they are unsuccessful we must work with the consequences of drug use.
- Drugs can be harmful because of the effects of the drug itself, contaminants mixed with the drug, the methods of delivery and the effects on others.

HARM MINIMISATION

- The effects of injecting drugs include not only the actions of the drug but also possible infection and damage caused by the process of injecting.
- Harm minimisation is about educating drug users about the risks of drug taking and helping them to take responsibility for themselves.
- With this information, people are able to make choices about the level of risk to which they will expose themselves.
- Harm minimisation is a process and not a treatment. It should be integrated with other forms of intervention.

HARM MINIMISATION

- Another important harm minimisation intervention is the development of needle and syringe exchanges.
- These provide drug users with free sterile needles, syringes, in some cases sterile water and other paraphernalia, and condoms.
- Exchanges also provide a means of safer disposal of used equipment.
- Needle exchange users are far less likely to share other people's equipment.
- Attendance at a needle exchange also gives the person an opportunity to ask for advice on injecting and health issues, and to obtain referral to treatment services if requested.

HARM MINIMISATION

- Many forms of harm minimisation have been evaluated and shown to be effective.
- Robertson and colleagues (1986) estimated an 85% (!) prevalence rate for HIV amongst intravenous drug users in an area of Edinburgh in Scotland at the time. In neighbouring Glasgow, the rate was less than 4%.
- One major difference between the two cities was the availability of needles and syringes.
- With improved availability of treatment and access to clean injecting equipment the prevalence of HIV in Edinburgh has dropped dramatically.

HARM MINIMISATION

- Stimson (1996) reviewed the strong evidence indicating that harm minimisation approaches averted an HIV epidemic amongst drug users in the UK.
- Others have made the comparison with other countries, without harm minimisation strategies, that have experienced catastrophic rates of HIV among their drug using population.
- Bastos et al. (1998) noted that across the world, cities where harm minimisation policies were introduced at the beginning of the HIV epidemic have much lower prevalence rates than those who did not introduced these measures for either political or economic reasons.
- They also pointed out the speed of the epidemic in the latter cities, with prevalence in at-risk groups increasing from 0 to 50% in very few years.

HARM MINIMISATION

Stimson warns:

- "The message to the UK Government is not that the epidemic never happened and that resources may be directed elsewhere; rather, that evidence to date suggests that prevention investment has paid off, that public prevention works with this population, and that this needs to be sustained in order to preserve the beneficial situation in which we find ourselves."
- Whilst the battle to prevent the spread of HIV is being won in the UK, the rate of hepatitis C in drug users in the country is very high.
- Harm minimisation policies and practices must remain in place, evolve to meet new challenges and receive adequate funding.

HARM MINIMISATION

- The provision of substitute prescribing is another important harm minimisation intervention. This will be discussed in a later lecture.
- Harm minimisation principles have also been used with "dance drugs". Ecstasy increases body temperature and the venues themselves are hot.
- Harm minimisation measures involved include the provision of 'chill out' rooms where people can sit and cool down, and the availability of free water to prevent dehydration.
- In Holland, pill testing has been introduced on the dance scene, so that users can have a sample of their pill tested to ascertain the content.